

Bulletin of the International Union against the Venereal Diseases and Treponematoses

26th General Assembly, 1969

The 26th General Assembly of the International Union against the Venereal Diseases and Treponematoses, held in Budapest at the Hotel Gellért from June 11 to 15, 1969, was attended by over 100 delegates from 23 different countries.

I. Opening of the Conference

The President, Prof. G. A. Canaperia, took the chair for the inaugural session. His Excellency Dr. Zoltan Szabó, Minister of Health of the Hungarian People's Republic, welcomed the participants to Budapest and told them that his country appreciated the importance of the social aspects of venereal disease control, and he wished the meeting every success. Prof. Canaperia thanked Dr. Szabó for his kind words, and paid tribute to his Hungarian hosts for their aid in organizing the conference in the ancient city of Budapest where one of their famous sons, Semmelweis, had made such a great contribution to medicine by discovering the cause of puerperal sepsis.

Speeches of welcome were also made by Prof. F. Földvári, President of the Hungarian Dermatological Society, and Dr. I. Rácz, Secretary-General of the Organizing Committee. Also present on the platform were Prof. Gömöri, the President of MOTESZ, Dr. Darabos, Secretary-General of the Trade Union of Physicians, and Dr. Faragó, Secretary-General of the Hungarian Dermatological Society.

II. Scientific Papers

On the first day papers were presented on Theme I: 'The Changing Patterns of Sexual Behaviour in relation to Venereal Diseases'.

There was a change in 'the rhythm of life' in the younger generation in Hungary so that abstinence in sexual relations was no longer accepted. It was suggested that this was due to scientific and technical developments and to urbanization.

A study of the patterns of sexual behaviour of V.D. patients in Denmark, many of whom came from broken homes, showed that the first sex experience occurred in boys at 14 years and in girls at 15 years. Girls took contraceptive precautions twice as often as boys. Girls tended to have intercourse with older men. A number of infections came from prostitutes and foreigners. Teenagers tended to have more sexual partners. It was likely that a poor social inheritance would be passed on to the next generation.

In Hamburg two Eros Centres were now open; the youngest prostitutes were aged 16, but 'guests' had to

be over 18. The girls were registered with the police, and were given twice-weekly medical check-ups for venereal diseases and when necessary were sent by taxi to the Clinics. The clients were issued with condoms and it was claimed that as a result venereal disease was rare. The girls were not on display as in some continental brothels. A number of colour slides showed that the girls' rooms were fitted with all modern conveniences and also had hidden alarm bells available in case clients became violent or were homicidal. In fact, only one assault had occurred.

In Sweden the use of the contraceptive pill not only made people promiscuous, but also tended to increase the number of sexual acts and further the spread of sexually transmitted diseases.

In England it was shown that once a married woman had started taking the contraceptive pill she was more likely to have extra-marital intercourse.

On the second day papers were presented on Theme II: 'The Place of Routine Gynaecological Examination in the Diagnosis and Control of Venereal Diseases'.

In the United States it was implied that venereal diseases were far more likely to occur among those working in unskilled occupations, with less than average education, and earning less than average wages. It was also implied that this group usually lived in the central city areas and were most often of the negro race. While recognizing the need to concentrate on these high risk segments of the population, it was suggested that, whenever a female was examined for a gynaecological problem, regardless of race, residence, or class origin, she should also be examined for gonorrhoea.

In the United Kingdom an analysis of genital infection in 716 young delinquent girls showed that 317 (44 per cent.) either had sexually transmitted disease or were pregnant. There were 200 cases of trichomoniasis, 61 of gonorrhoea, 48 of non-specific vaginitis, 24 of genital warts, and four of treponemal disease. Serious consideration should be given to the examination of young women attending gynaecological, family-planning, and student health clinics by venereologists working in co-operation with their colleagues in other specialties.

In another paper from Scotland, 48 mothers of babies suffering from gonococcal ophthalmia neonatorum were studied. In no case had gonorrhoea been diagnosed in the mother before confinement although nine were investigated. It was suggested that ante-natal patients in a high-risk group should be examined for sexually transmitted disease during pregnancy. The factors leading to high risk were: unmarried or teenage married late in pregnancy;

non-co-operative or on National Assistance; a history of promiscuity, previous V.D., or illegitimate children; complaint of vaginal discharge. One or other of these factors would have led to the ante-natal examination of 44 out of the 48 pregnant women described.

On the second and third days papers were presented on Theme III: 'Free Communications'.

The most important papers in this miscellaneous group came under the heading of Medical and Health Education. A world-wide survey of the standards of teaching in venereology had shown many deficiencies. Improvement might come through consultants visiting, area meetings, and communications to medical colleagues. The general problem of Anti-V.D. Education in Great Britain was considered under five headings:

- (1) Identification of special risk groups.
- (2) Ignorance of young people regarding V.D.
- (3) Attitude of those at risk and of the community generally.
- (4) Influencing behaviour.
- (5) Methodology.

The future policy of the Health Education Council based on research was discussed in detail.

III. The General Assembly met on the afternoon of the third day.

In his opening remarks the President again thanked Prof. Földvári, Dr. Rácz, and Dr. Faragó for all their help in organizing such an excellent conference. He was only sorry to hear that Dr. Rácz had been taken ill, and wished him a speedy recovery. He also regretted that Dr. T. Guthe had not been able to attend, but was delighted to welcome Dr. J. Ridet, who was representing the W.H.O. Finally he thanked Dr. Claude Nicol, the Secretary-General and his Assistant Secretary-General for Europe, Dr. Axel Perdrup, for their help and close co-operation. It was with great regret that he announced the resignation of Mrs. Josephine Tuller, the Assistant Secretary-General for the Americas. The President then asked Dr. Nicol, Dr. Perdrup, Dr. McKenzie-Pollock (on behalf of Mrs. Tuller), and the Treasurer, Dr. Jefferiss, to present their reports.

REPORT OF THE SECRETARY-GENERAL, DR. C. S. NICOL

The main work of the last 14 months has been the organization of the 26th Assembly. At the 25th General Assembly in Munich in August, 1967, Prof. F. Földvári, President of the Hungarian Dermatological Society, invited the Union to hold their next Assembly in Budapest. The three Themes for the meeting were agreed at the Executive Committee Meeting in Rome in April, 1968, when Prof. Földvári confirmed the invitation to Budapest, and dates were agreed. This official invitation was accepted with gratitude. A Hungarian Organization Committee was agreed, with Prof. Földvári as President and Dr. I. Rácz as Secretary-General, and was completed by Dr. L. Faragó, Secretary-General of the Hungarian Dermatological Society. A Provisional Programme was prepared,

as agreed at the Executive Committee in Rome and was circulated to Member Organizations and Individual Members to hand on to any others who might be interested in attending or presenting papers. With the aid of the Union's Programme Committee, speakers were invited to present contributions. Those who accepted were asked to send summaries to Dr. Rácz for the Final Programme and for publication. It was most encouraging that so many papers were presented, and that so many countries indicated a keen interest in the social, educational, and public health problems concerning venereal diseases.

I should now like to take the opportunity of thanking Prof. Földvári for his support of and interest in this meeting, and also Dr. Rácz for his co-operation and organizational efficiency which has made this meeting such a success, not forgetting the help given to the Committee by Dr. Faragó.

During the period 1967 to 1969 our Executive Committee met once in Rome in April, 1968, and once in Budapest just before the opening of this Assembly.

The Bulletin The Bulletin for 1967 with the Proceedings of our last Assembly was published in 1968 in English by the *British Journal of Venereal Diseases* and in French by *La Prophylaxie Sanitaire et Morale*; reprints of both the English and French versions have been widely distributed.

A report of the Executive Meeting in Rome announcing the Themes for the present General Assembly appeared in both the British and the French journals.

Other Publications Reprints of a report in *Medical Officer* of papers given at the 25th General Assembly were obtained and distributed to all Member Organizations and Individual Members. At the Executive Committee Meeting in 1968 in Rome, Prof. Heite reported that publication in full of the papers given at the Munich General Assembly was progressing satisfactorily. Unfortunately, since this date, publication has been delayed. It seems advisable in future to try to obtain publication of the papers presented at our General Assemblies in a current medical journal rather than in a separate book, as this would ensure a wider circulation at an earlier date.

A revised leaflet about the Union and its activities has been printed in both English and French and sent to all Members of the Executive Committee, National Agency Members, and Individual Members.

Technical Activities Dr. Bruce Webster has made two previous reports on world-wide surveys of medical education and training in venereology undertaken by the Union in collaboration with the W.H.O. At the Executive Committee Meeting in Rome, it was agreed that the Union should recommend to the W.H.O. that it was important to bring this study up to date. As a result, Dr. Webster visited Geneva in November, 1968, where, with the help of the W.H.O. statistical staff, he was able to collect further material, which has been presented at this meeting.

At the meeting in Rome, Dr. Guthe had spoken of a proposed joint W.H.O.-I.U.V.D.T. organized Travelling V.D. Control Seminar in the United States. This was planned to take place in 1970 and to involve fifteen to twenty participants, who would be financed by the W.H.O.

Regional Offices. The visit was to last for 2 to 3 months, and the group was to split into sub-groups during an extensive tour of centres throughout the country. This was to be made possible by the close co-operation promised by the Director-General of the U.S. Public Health Service. More recent information from Dr. Guthe indicates that it will be necessary to postpone the Seminar till 1971. It is understood that the various W.H.O. Regional Offices have agreed to defer their budget allocations for this project. Further planning under the direction of the Union's Assistant Secretary-General in the United States and the U.S. Public Health Department will be taking place in the near future with W.H.O.

A joint study with W.H.O. on V.D. Prophylaxis in Taiwan has been proposed and agreed. The work will be carried out by the Municipal Health Department of Taipei City.

Consultation and Representation Close collaboration has been maintained with United Nations agencies and non-governmental bodies working in similar or related fields. The cordial relationship with W.H.O., and in particular with Dr. Guthe, has continued. His wise counsels have been most helpful to a new and inexperienced Secretary-General. It is greatly regretted that he cannot be here for this General Assembly as he has other World Health commitments, but the Director-General has nominated Dr. Ridet to represent W.H.O. here, and it is a great pleasure to welcome him.

The retirement of Mrs. Tuller after many years as Regional Director for the Americas has been a sad loss. Her outstanding work for the Union should not pass unrecognized. Meanwhile, Mrs. Rasmussen and, more recently, Dr. McKenzie-Pollock of the American Social Health Association have filled in with interim support; it is a pleasure to have Dr. McKenzie-Pollock here with us at this meeting. Our Regional Director for Europe, Dr. Perdrup, has maintained close liaison with the W.H.O. Regional Office for Europe in Copenhagen.

The Secretary-General together with the President and Dr. Tottie attended the 21st World Health Assembly in Geneva in May, 1968. A report had been submitted which was used by W.H.O. in their preparation of the Background Statement on the theme 'National and Global Surveillance of Communicable Diseases'. In addition, a W.H.O. Questionnaire on the subject had been circulated to all Member Agencies, and replies had been received from eight of them. These documents appeared as an Appendix to the Background Statement, together with the United States' publication 'Today's V.D. Control Problem'. A Statement on Venereal Diseases and Treponematoses prepared by the Secretary-General was also presented by the President to the W.H.O. Programme Committee. My thanks are also due to Dr. Durel of Paris, for his co-operation and help on many occasions. This year he represented the Union on the C.I.O.M.S. Committee on the International Nomenclature of Diseases.

The 22nd World Health Assembly is to meet in Boston in July, 1969, and the Union has nominated Dr. Webster, Dr. Brown, Dr. Cutler, and the Assistant Secretary-General for the Americas to attend.

Membership Efforts to recruit new member organizations have continued. It has been equally important to persuade a number of organizations with subscriptions overdue to bring themselves up to date, or if long overdue, to rejoin. The following successes are reported:

- (1) Spain—Academy of Dermatology and Syphilology.
- (2) Canada—Government of Ottawa.
- (3) Great Britain—Medical Society for the Study of Venereal Diseases.
- (4) Japan (rejoined)—Japanese Association for the prevention of Venereal Diseases and Treponematoses.
- (5) Iran—Ministry of Health.
- (6) Vietnam (South)—Director Général du Budget et de l'Aide Extérieure.

Also nineteen new Individual Members have joined from the twelve following countries: Argentina, Australia, Denmark, Germany, Great Britain, Holland, Kuwait, Morocco, New Zealand, Spain, Sweden, and the U.S.A.

General Remarks and Conclusions You will recall that at the 25th General Assembly of the I.U.V.D.T. held in Munich there was a wide-ranging review of the whole subject with significant contributions by representatives of W.H.O. and of governmental and non-governmental organizations. Our aims since then might be summarized under the following twelve headings:

- (1) There should be a new definition of venereal diseases, as those communicable diseases which are commonly sexually transmitted (the original meaning of the term) and not as certain named diseases, variously defined by the legislature of different countries.
- (2) Health education is seen as of paramount importance, and must be promoted in the prevention of the venereal diseases and in the elimination of the treponematoses throughout the world.
- (3) There is a need for a world-wide improvement in the standards of Medical Education in Venereology with the more developed countries helping and supporting the less developed countries in both undergraduate and postgraduate training. This must be supported by suitable training of nursing and ancillary staff.
- (4) The detection of venereal disease in symptomless women attending gynaecology, family planning, and cervical cytology clinics.
- (5) The 'family unit' must be supported by all means available. Problems of urbanization and migration of labour have caused a general breakdown in family life which is not necessarily sanctioned by religion or law, but rather by custom. This leads to a growing problem of more extensive sexual contacts both numerically and geographically, tending to an increased risk of pregnancy and of sexually transmitted disease.
- (6) A study of the Behavioural Sciences is essential if an understanding of attitudes towards sexual activity of all kinds is to be attained. In future more attention must be focused on those who suffer repeated infections (often termed 'repeaters'); this group tends to be a continuing source of sexually trans-

mitted diseases. It is also important to correlate sexual promiscuity with other antisocial activities such as delinquency or drug dependence.

- (7) There is a need for the promotion of basic biological research on syphilis and gonorrhoea. This would involve further studies of immunology, the improvement of laboratory techniques, and in particular a constant review of therapeutic regimes.
- (8) Further studies are needed to solve the problem of the aetiology of non-gonococcal urogenital infections.
- (9) The realization that certain world-wide changes in preventive therapy may well change the patterns of disease spread. For example:
 - (a) National campaigns to eradicate yaws may leave a new generation lacking some partial immunity to another treponemal disease such as syphilis.
 - (b) The increasing use of oral contraceptives and intra-uterine devices may remove from the sexually active some partial protection afforded by the older (barrier) contraceptive techniques.
- (10) There is a need for an appreciation of the dangers inherent in the concentration of prostitutes in certain large cities as the result of highly-organized promotional efforts.
- (11) Disease control must be maintained by suitable surveillance of venereal diseases and the development of the newer contact-tracing techniques by trained V.D. Social Workers. National disease notification statistics should be made rapidly available.
- (12) Further investigations are needed into the effects of antivenereal legislation in controlling venereal diseases in different countries.

The present General Assembly has given us the opportunity of further consideration of most of these points, and has helped us towards further advances in the field of the control of venereal diseases and treponematoses, but there is still much to be done. This non-governmental voluntary organization with wide international representation is well fitted for this task, if it works in close collaboration with the World Health Organization, and provided that it receives the full support of its member organizations and individual members as it has done in the past.

I am most grateful to you, Mr. President, for your help and advice. My thanks are also due to the Regional Directors and other Members of the Executive Committee for their support over the last 2 years, and finally to all of you in the General Assembly for listening patiently to this report.

REPORT OF THE REGIONAL DIRECTOR FOR EUROPE,
DR. AXEL PERDRUP

Since the last Executive Committee Meeting of the I.U.V.D.T., the European Regional Office has made contact with the Regional Office for Europe of the W.H.O. to discuss co-operation with regard to a Regional Meeting or study tour in Poland, where several interesting activities seem well worth studying. For the time being the Regional

Office of W.H.O. could not afford to sponsor such activities, but I intend to take up the question again later this year.

The Regional Office for Europe of the I.U.V.D.T. has had several guests. Particularly interesting was Dr. Bachurcewski from Poland, with whom we discussed problems related to a rising incidence of syphilis in his country. A major question debated was the possibility of using 'academically correct' treatment or the necessity of being content with epidemiological treatment. The same question seems to be still more pertinent in other European countries, where a lack of trained personnel, or a lack of interest in the medical profession, makes it difficult to handle the venereal disease problem according to classical academic conceptions.

The Director of the European Office has, during the past winter, been involved in negotiations with regard to the modernizing of V.D. legislation in Denmark, a 'welfare society' with reasonably good medical facilities. At the moment everybody who can find and hit a gluteal muscle is able to treat a case of syphilis or gonorrhoea. However, when major medical interest is concerned with space programmes and other objects which absorb manpower, interest, and funds, the question arises: Who is now willing to treat venereal diseases as a national health problem? We have far too few V.D. specialists and the public health officers are overburdened with the other large problems which emerge almost daily. In our V.D. campaign we must therefore rely upon the non-specialized medical assistance which is available—mainly general practitioners. However, very few general practitioners have the capacity to handle contact-tracing and the various social health problems connected with V.D. This makes it necessary to create two new institutions:

- (1) A network of contact investigators covering the whole country. In this way local knowledge of problem patients and problem groups and a country-wide exchange of experience should, according to our proposal, be available to all clinics, specialists, public health officers, and general practitioners. With such epidemiological assistance we hope to make it possible for the physicians to fulfil the requirements of V.D. legislation.
- (2) When non-specialized personnel take over the handling of V.D., it will become more necessary than ever to disseminate knowledge of the correct therapeutic and epidemiological procedures. We have therefore proposed to establish a panel of experts (not only V.D. specialists, but some general practitioners, specialists from other branches of medicine, and social workers) covering all aspects of V.D. problems with the aim of keeping the medical profession, their assistants, and the public currently informed. Such a panel could either be an officially appointed auxiliary to the National Health Service or—and that is my reason for mentioning the whole matter to this Assembly—it might be a fruitful object for a National Association against Venereal Diseases to organize such expert groups, which might act either through governments, or as a non-governmental pressure group. It is my firm belief that in this way

a non-governmental society might act as a catalyst in promoting governmentally financed activities.

REPORT OF THE REGIONAL DIRECTOR FOR THE AMERICAS,
DR. J. MCKENZIE-POLLOCK (FOR MRS. J. TULLER)

I attended the 17th Meeting of the Pan-american Health Organization. I should mention work done by A.S.H.A. in preparing the Joint Statement, a survey of Physician-Reporting of V.D. in the U.S.A. (concerning which I will be presenting a paper), and also a Field Trip to Curaçao to the brothel at Campo Alegre. A preliminary report of this study has been sent to the officers of the Union, but I would emphasize that more extensive enquiries will be needed before conclusions can be drawn. I have edited the 4th report on 'Today's V.D. Problems'. A financial statement of the Regional Office for the Americas has been submitted. I have been assisted in my office in New York by Mrs. Gary Rasmussen, who attended a U.N.I.C.E.F. meeting on planned parenthood.

REPORT OF THE TREASURER, DR. F. J. G. JEFFERISS

This is a summary of my report on the finances of the I.U.V.D.T. for the years 1967 and 1968. The details of our income and expenses can be seen in my Financial Report for 1967 and 1968, copies of which are available.

The accounts for 1967 were made up in Rome as I did not officially become Treasurer until January 1, 1968, and they were expressed in Italian lire. They showed that we had total assets of 5,676,263 lire at the end of 1967. That year we had 35 Member Organizations and 38 individual members subscribing.

From January 1, 1968, the accounts have been kept in pounds sterling. We started the year with a credit balance of £3,561 14s. 0d. but it was decided to write off subscription arrears for the years 1960-1964 amounting to £702 13s. 4d., which left us £2,859 0s. 8d. The names of the countries which we deleted from our lists because they had paid no subscription for many years were Brazil, Costa Rica, Tunisia, and the Lebanon. After this was done I am glad to say that Costa Rica has rejoined this year. As India has resigned from the Union her name was also removed.

In 1968 we therefore had 27 Member Organizations and 50 individual members on our books. In 1968 our income was £1,489 17s. 6d. and our expenses £559 17s. 9d., giving an income surplus for the year ended December 31, 1968, of £929 19s. 10d., which when added to the balance from previous years makes a total of £3,789 0s. 6d. However, included in this total there are further arrears of subscriptions of approximately £671 which are unlikely ever to be paid, and which therefore should be subtracted from the above, leaving us £3,118 true credit. Of this we have invested £700 in National Savings Certificates (a United Kingdom Government security bearing tax-free interest) and the remainder is held to our credit at the Banca Nazionale de Lavoro, Rome, The Chase Manhattan Bank, New York, and Lloyds Bank, London; there is also a small sum in a Prague bank.

I think you will agree with me that our finances are in a very satisfactory state and that we are therefore in a position to undertake any reasonable project.

STATEMENT BY DR. J. RIDET, MEDICAL OFFICER, VENEREAL
DISEASE AND TREPONEMATOSES DIVISION OF COM-
MUNICABLE DISEASES, W.H.O., GENEVA

The work of this 26th General Assembly of the I.U.V.D.T. has shown, once again, the extreme complexity of the epidemiological problems which arise from venereal diseases. In the interaction between the host, the infective agent, and the environment, there are numerous factors which supplement or contradict each other. The hope of attacking these problems straight away seems a Utopian ideal in our day, due to the state of our information and knowledge and particularly in consideration of the extent of these problems at world level, but this nevertheless constitutes the firm aim of our two organizations, the I.U.V.D.T. on one side and W.H.O. on the other.

In view of this situation we concentrated our efforts on the three essential problems:

- (1) The formation of medical Public Health bodies with the aim of directing the fight against V.D. in different parts of the world.
- (2) The teaching of venereology in medical schools.
- (3) Prevention of the disease in prostitutes, who still present a major factor in the spread of V.D.

The first project concerns a Travelling Seminar on the control of V.D. in the U.S.A. In this country an intensive programme is in the course of development, using many new techniques, and its application seemed to us of considerable interest for other countries. As the discussions between the Union, W.H.O., and the Surgeon-General of P.H.S. of the U.S.A. were most successful, this Seminar could take place in 1971. W.H.O. has granted funds for each Regional Office to choose two or three participants, making fifteen to eighteen in all. P.A.H.O. has agreed to participate in this project, as has also the P.H.S. of the U.S.A. So as to enlarge the scope of the project it would be advisable to find a greater number of participants, especially qualified in different disciplines (venereologists, serologists, Public Health administrators, and workers in Health Education) who could give a more satisfactory cohesion to the group and would help the less qualified participants by their experience. It might therefore also be necessary to find governmental financial support for this project. Dr. McKenzie-Pollock, who is going to Geneva after the Assembly, can inform W.H.O. of the Union's point of view.

The second project concerns the teaching of venereology in Medical Schools. After preliminary discussions, the project took shape at the General Assembly of the Union at Lisbon in 1965 and was made the subject of a resolution. As a result of the interest aroused in many countries, this proposition was again raised at Munich in 1967, where it was made the subject of a second resolution. In Geneva in November, 1968, Dr. Bruce Webster was attached to the Programmes Committee of W.H.O. in the Division of Education and Training of Personnel with the object of

making a report, and he has notified the Assembly of this. After discussions with P.A.H.O. it appeared that a pilot scheme could be started in Latin America under its auspices. A consultant will be appointed to go there and start the preparations for this project. He will contact the Association of Medical Schools and will visit the schools themselves. Dr. Bruce Webster, who is going to Geneva at the end of the Assembly, can make the necessary contacts.

We hope that this project may be extended to cover other regions, as the different Regional Offices of W.H.O. have expressed the wish that this might be so.

The third project concerns research on the use of intra-vaginal antibiotics for the prevention of V.D. The second regional seminar of W.H.O. on the control of V.D., held in Manila in December, 1968, decided that the usefulness of such measures had been proved, but that no study had yet been carried out on a larger scale on a group of highly infectious women, and they recommend that such a study be undertaken. The Health Service of the town of Taipei in Taiwan has agreed to organize this study with the support of the Union and W.H.O. On April 1, 1969, W.H.O. (V.D.T./H.Q.) sent a memo giving details of this project to the Union and the W.H.O. Regional Office in the Pacific at Manila. We are awaiting comments concerning this memo. Dr. Bruce Webster, director in charge of this project, could acquaint Geneva of the Union's point of view.

After this rapid résumé of the current projects planned by the Union and W.H.O. I should like to draw your attention to action which has stimulated inter-governmental interest in this subject.

One must consider the balance of forces which gives rise to the epidemiology of venereal diseases. On the one hand the causes of infection with the influence exerted by environment, on the other hand contact-tracing, treatment, educational and social prophylaxis, etc. When one considers these two forces, the main outcome is that the great number of cases causes a lack of balance between these two factors. The incidence reported in Public Health statistics is, as several speakers have stressed in the course of this Assembly, well below the actual incidence. How can a communicable disease be controlled if one does not know its endemic environment?

It is for this reason that, last year, W.H.O. supported the close liaison between two European countries (France and Sweden). They had expressed the wish, as have many others, of improving their methods of surveillance of venereal diseases, and in particular the methods of notification of cases and the transmission of epidemiological information. This problem should be considered on a national and international scale. These two countries have chosen two pilot zones in order to compare, improve, and standardize their methods, and this plan will be operational in a few months.

We should like to suggest that the Union should stimulate Public Health administrators to develop similar pilot plans at inter-governmental level, to which W.H.O. would give its support. Let us note that several members of the Union are engaged in the present Franco-Swedish

project. We hope that this suggestion may be included in the resolutions of the 26th General Assembly.

Finally, Mr. President, I should like to thank, through you, all the members of the Union, and through Prof. Földvári the members of the Organizing Committee, who have allowed me to represent W.H.O. and to make an agreeable stay in Budapest.

Discussions then took place on the various reports. Dr. Morton expressed interest in Dr. Perdrup's idea about the organization of social workers doing contact-tracing. In the United Kingdom a Society of such contact-tracers had recently been formed following a meeting in London of all those interested in the subject. It was unanimously agreed that the Union should give full support to the schemes outlined by Dr. Ridet as joint W.H.O.-I.U.V.D.T. projects. The Union's association with W.H.O. continued to be close, and at the 43rd Session of the W.H.O. Executive Board it was agreed to maintain official relations with the Union for a further 3 years.

IV. Recommendations of the Executive Committee

The President asked the Secretary-General to outline the various recommendations of the Executive Committee for discussion by the General Assembly.

Election of Officers Dr. Nicol told the Assembly that Prof. Canaperia had agreed to serve a further term as President. Dr. J. McKenzie-Pollock had been nominated as Assistant Secretary-General for the Americas, and it was suggested that Mrs. J. Tuller, who had done so much for the Union in the past, should be made an Honorary Assistant Secretary-General. It was recommended that all the other officers of the Union be re-elected. The Assembly gave unanimous approval. The Executive Committee was now as follows:

PRESIDENT:	Prof. G. A. Canaperia (<i>Italy</i>)
SECRETARY-GENERAL:	Dr. C. S. Nicol (<i>U.K.</i>)
VICE-PRESIDENTS:	Dr. H. Brun-Pedersen (<i>Denmark</i>) Dr. P. Durel (<i>France</i>) Mr. A. J. King (<i>U.K.</i>) Dr. M. Tottie (<i>Sweden</i>) Dr. B. Webster (<i>U.S.A.</i>)
ASSISTANT SECRETARIES-GENERAL:	Dr. A. Perdrup (<i>Denmark</i>) Dr. J. McKenzie-Pollock (<i>U.S.A.</i>) Mrs. J. V. Tuller (<i>U.S.A.</i>) (<i>Honorary</i>)
ZONE REPRESENTATIVE:	Dr. P. H. Rangiah (<i>India</i>)
TECHNICAL COUNSELLORS:	Dr. C. J. Alarcón (<i>Venezuela</i>) Prof. A. Basset (<i>France</i>) Dr. W. J. Brown (<i>U.S.A.</i>) Dr. A. Campos-Salas (<i>Mexico</i>)

- COUNSELLORS (cont.): Dr. J. Cutler (U.S.A.)
 Dr. H. Delune (Belgium)
 Prof. F. Földvári (Hungary)
 Prof. J. Gay-Prieto (Spain)
 Dr. P. Graciansky (France)
 Prof. H. J. Heite (Germany)
 Dr. F. Norton-Brandao (Portugal)
 Prof. P. Popchristov (Bulgaria)
 Dr. A. Siboulet (France)
 Prof. J. Towpik (Poland)
 Dr. P. Vejjabul (Thailand)
 Dr. F. J. G. Jefferiss (U.K.)
 Dr. G. Tassi (Italy) (Honorary)
- TREASURERS:
- LEGAL COUNSELLOR: Mons. P. Pfeiffer (France)

Publications Dr. Nicol said that the Committee suggested that a letter should be sent to Prof. Heite stating that if the Proceedings of the 25th General Assembly had not become available by September 1, 1969, the Union could no longer guarantee the payment of \$700 for 100 copies, as it was felt these Proceedings would be of little value after such a lapse of time. This action was agreed by the Assembly.

It was hoped that the Proceedings of the present Congress would appear in due course in the *British Journal of Venereal Diseases* and in *La Prophylaxie Sanitaire et Morale*. It was also suggested that copies of an article about the Congress which was to appear in *The Medical Officer* the following month should be obtained and distributed. It was hoped that some selected papers would appear soon as W.H.O. documents. These points were approved by the Assembly.

Resolutions Dr. Nicol read out two resolutions proposed by the Executive Committee, and a further resolution was put forward by Dr. Catterall. After discussion the Assembly approved all these Resolutions as follows:

RESOLUTION I: In the opinion of this Assembly all the medical and social indications are that the incidence of sexually transmitted diseases will continue to increase from the present serious situation. The Assembly recommends that Governments review their Venereal Diseases services and financial provision for these services as a matter of great urgency.

RESOLUTION II: While recognizing that each country has its own special V.D. control problems, it is recommended that National Governmental and Non-Governmental Bodies elect panels of experts (Medical and Non-Medical) to evaluate V.D. and Treponematoses programmes. They should take into consideration changing social customs and experience of the newer methods of disease control. This could result in

governments varying legislation and financing control activities which should include research projects.

RESOLUTION III: As there is now evidence that there are considerable numbers of women with asymptomatic undiagnosed sexually transmitted diseases who attend gynaecological, antenatal cervical cytology, family planning, and student health clinics, it is recommended that doctors in charge of these clinics should be made aware of certain factors which might lead to the identification of high-risk groups of patients, so that they can be adequately investigated and treated.

It was also agreed that Governments should be reminded of previous resolutions at General Assemblies on the importance of realizing that medical education, both undergraduate and postgraduate, on the venereal diseases and treponematoses was inadequate in many countries.

Future Meetings and Programmes Dr. Nicol said that the President had agreed to promote the suggestion that the 27th General Assembly should be organized in conjunction with the next International Congress of Dermatology which was to be held in Venice in 1972 (probably in the Spring). This being approved, the Secretary-General then submitted the Committee's suggestions for the Themes. These were discussed and, after some alteration in the wording, were approved by the Assembly.

THEME I The organization of venereal disease and treponematoses services.

THEME II Prophylaxis in the control of syphilis and gonorrhoea in developed and underdeveloped countries.

THEME III Miscellaneous papers on the social aspects of venereal diseases and treponematoses.

IN CONJUNCTION WITH THE DERMATOLOGICAL CONGRESS
 Skin manifestations of sexually transmitted diseases.

Dr. Nicol informed the Assembly that the Executive Committee proposed to meet in 1970 either in London or in Warsaw, and in 1971 in Lyons. The latter meeting, it was hoped, might coincide with a meeting of the Medical Society for the Study of Venereal Diseases.

V. Closure of the Assembly

As there was no further business the President asked the Secretary-General to make a few closing remarks. Dr. Nicol again thanked all those organizers who had made the meeting such a success, and he also thanked the interpreters who had worked so hard; everyone had enjoyed both the business and the social events of the Congress. The President then adjourned the meeting.